FORM 1	STATEM	ENT OF		, 2009	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	Γ		
LAST NAME FIRST NAME MIDDLE N LINDBLAD ELL MAILING ADDRESS:		FOR OF USE ON			
2354 JASPER	AVE.			Code	
FORT MYERS CITY: LEE COUNTY POR NAME OF AGENCY: SMART GROUTH TO NAME OF OFFICE OR POSITION HELD OF	EE		V af. Code deq. Code		
You are not limited to the space on the lines of CHECK ONLY IF	f necessary. POINTEE		_ee Ç∘ F:		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2009 MANNER OF CALCULATING REPORTABI THE LEGISLATURE ALLOWS FILERS TH REQUIRES FEWER CALCULATIONS, OR Instructions for further details). PLEASE ST. COMPARATIVE (PERCENTAGE) THE	WHETHER THIS STATEMENT IS F OR SPECIFY THE SPECIFY THE SPECIFY THE STATE STATE SELOW WHETHER THIS STATE BELOW WHETHER THIS STATE ST	CEDING TAX YEAR, WHETHIS OR THE PRECEDING TAX YEAR IF OTHER THAN THAN THAN THAN THAN THAT AFOLDS, WHICH ARE USUALLY TEMENT REFLECTS EITHER	EAR EN E CALE E ABS BASE (check	DING EITHER (check one): ENDAR YEAR: OLUTE DOLLAR VALUES, WHICH D ON PERCENTAGE VALUES (see	
PART A PRIMARY SOURCES OF INCO		reporting person]			
NAME OF SOURCE OF INCOME	SOURI ADDR	ESS S RUAD	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
LEE COUNTY PORT ANTHORING	FORT MYERS, FL ?	33713			
PART B SECONDARY SOURCES OF I	I NCOME [Major customers, clients, a , you must write "none" or "n/a")	nd other sources of income to	busines	ses owned by the reporting person]	
- · · · · · · · · · · · · · · · · · · ·	IAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
<u> </u>					
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")				NG INSTRUCTIONS for and where to file this form cated at the bottom of page 2. RUCTIONS on who must is form and how to fill it out.	
			begin OTH	is form and how to fill it out on page 3. ER FORMS you may need are described on page 6.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]							
(If you have nothing to	report, you must w	rite "none" or "r	cates of deposit, et 1/a")	.c.]		ı	
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
CHECKING & SAVINGS		WACHOU'A BANK, N.A.					
CHECKING		EDISON NATIONAL BANK					
CHECKING							
FRA FRA		BANK OF AMERICA WACHOLIA SECURITIES WANGUERD					
CHASE BANK - CD		CHASE BANK					
PART E — LIABILITIES [Major deb (If you have nothing to				*		1	
NAME OF CREDITOR		ADDRESS OF CREDITOR					
CENLAR		P.O. BOX 211091 EAHAN, HN 55121					
WACHOULA BANK- EQUITY LINE		P.O. BOX 563 966 CHARLUTTE, NC 28256					
					,	1	
,				······································		1	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] (If you have nothing to report, you must write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3							
NAME OF BUSINESS ENTITY	N/A					I	
ADDRESS OF BUSINESS ENTITY						1	
PRINCIPAL BUSINESS ACTIVITY						Ī	
POSITION HELD WITH ENTITY						Ī	
OWN MORE THAN A 5% INTEREST IN THE BUSINESS	•					Ī	
NATURE OF MY OWNERSHIP INTEREST		·				1	
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required): Ellen Jourie Include DATE SIGNED (required): 6/25/2010							
FILING INSTRUCTIONS:							
WHAT TO SILE: WHEN TO SILE:						ı	

WHA! IO FILE

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

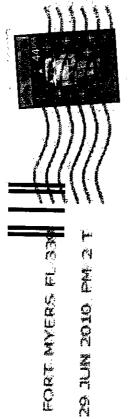
WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee mu file within 30 days of the date of his or he appointment or of the beginning of employ ment. Appointees who must be confirmed I the Senate must file prior to confirmation, eve if that is less than 30 days from the date of the appointment.

Candidates for publicly-elected local office must file at the same time they file the qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees a required to file by July 1st following each calendar year in which they hold their pos

Finally, at the end of office or employment each local officer/employee, state officer, ar specified state employee is required to file final disclosure form (Form 1F) within 60 day of leaving office or employment.



TORT MYERS IN U.S.

SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545

CONSTITUTIONAL COMPLEX
PO. BOX 2545
FORT MYERS, FLORIDA 33902

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